

freely and repeatedly, and the hand was as much used to promote dilatation as was deemed consistent with the soundness and safety of the part to be dilated. She was delivered of a still-born child in about FIFTY HOURS after the commencement of the labour. She recovered slowly but perfectly. She sustained no retention of urine, nor purulent discharges during her convalescence. The loss of an heir to a good property, as it might well be supposed, was not a little regretted. But the disappointment was forgotten, and the loss doubly repaired by the subsequent birth of two living children, both sons.

In some cases of contracted vagina a considerable, and even sudden dilatation occurs during labour.—*Obstetric Medicine.*

27. *Rupture of the Uterus, without Laceration of the Peritoneal Covering.*—The *London Medical and Surgical Journal*, for 7th July, 1832, contains an interesting case of this description, by THOMAS RADFORD, Esq. Surgeon to the Manchester Lying-in Hospital. The subject of the case, (Hannah Speed,) was thirty-nine years of age, rather tall, and very thin, of a swarthy complexion, occupied as a clear-starcher, of extremely industrious habits, and pregnant of the ninth child. Her health during pregnancy had been tolerably good, with the exception of slight stomach complaints, which were, most probably, produced by the uneasiness of her mind as to the certainty of the fatal event of her expected labour.

Mrs. Upton, midwife, was summoned to attend her at 11 P. M., January 28th, 1831, and was told that the liq. amnii had escaped. Upon making an examination per vaginam, she could not discover any dilatation of the os uteri; she therefore left her, desiring to be sent for again, as soon as the pains came on. The day following, at 4 P. M., Mrs. Upton called, (not having received any message,) and the report made was, that the patient was much the same, but the less water was dribbling; no examination was made. At 9 P. M. of the same day, her attendance was again requested. On her arrival she found that the pains were apparently strong, but considered them as more the result of voluntary effort than uterine contraction; and this opinion was corroborated by the unchanged condition of the os uteri. As her belly was extremely pendulous, Mrs. U. placed the patient in the horizontal position, enjoining her to avoid all voluntary effort. Her skin, during the whole progress of her labour, was rather cold; but the midwife judiciously applied hot bricks to her feet, hot napkins to the belly, and gave her warm diluents to drink. Notwithstanding the injunction laid upon the patient, as to the necessity of preserving the horizontal position, she would get out of bed and bear her pains upon her knees, from which position suddenly starting she threw herself upon the bed; this was frequently repeated. At a quarter before 11 o'clock Mrs. U. again made a vaginal examination, when she found the os uteri dilating, and the head entering the superior aperture of the pelvis. The husband of the patient became anxious to have another opinion, and a message was sent to my house. My pupil, Mr. Bryden, went down to see her, and upon his return reported, that every circumstance connected with the labour were favourable, and that he had no doubts as to the propitious termination of the case. About half-past twelve, she was seized with vomiting, which was accompanied with great coldness of the skin. The midwife requested her to take a little brandy and water, which materially relieved her. After a short time she appeared worse; her countenance became pallid, her breathing was slightly hurried, and frequently interrupted by deep sighs; her pains, (which until this period, one o'clock, had continued,) now subsided. Under these circumstances the husband was dispatched for me; and during his absence she suddenly rose from the bed, and stood on the floor. She now became faint, sighed and moaned, but was supported by the midwife, who laid her upon the bed, where she immediately expired. On my arrival I found the event as just stated, and on making inquiry as to her complaints during the progress of labour, was informed, that she had moaned much, but had never uttered any sudden exclamation or shriek. I passed my finger into the vagina,

and clearly perceived the head of the child, which had partially entered the brim of the pelvis; and I found the os uteri not more dilated than the size of a dollar. The account received from the midwife was, that no blood had been discharged; and this was corroborated by my vaginal examination, the finger not being tinged with the colour of that fluid. I placed my hand upon the abdomen, and was much surprised to feel two tumours, running parallel with each other, a groove or depression evidently existing between the two, and yet the sensation communicated to the hand was, that they were connected together.

Section cadaveris.—The body was examined twenty-one hours after death, in the presence of Mr. Diek, my pupil Mr. Bryden, and Mr. Bird. The general surface presented an exsanguineous character, similar to what is observed as the result of excessive uterine hæmorrhage. On opening the abdomen the peritoneum appeared perfectly free from disease, nor was any fluid discovered in its cavity. The peculiar feeling presented to the hand, upon making an abdominal examination, (referred to in a former part of the paper,) was now fully explained. The uterus, which was very large, formed one segment of the tumour, (viz. the left,) and the child's body, covered by the peritoneum, the other. Upon making a very careful examination of these parts, not the smallest laceration was discoverable in any part of the peritoneal covering; an incision was made through this membrane, which exposed the body of the child. It also brought into view a longitudinal laceration of the cervix, and part of the body of the womb, the remaining portion of this side of the organ being uninjured. The child was then removed, and the head, which had partially entered the brim of the pelvis, was discovered to be hydrocephalic, and of very considerable size.

The uterus, as already stated, was not much contracted; its parietes were softer than I had ever before witnessed in cases of laceration. The edges of the wound were ragged, but no appearance of bruise or tendency to gangrene was discovered. There was only a small collection of coagulated blood found in the cavity of the womb, amounting to three or four ounces; but under the peritoneum, and anterior to the body of the child there was a diffused clot, thicker in some parts than in others, according as it was situated on a prominent or hollow part of the fœtus. It, in quantity, would most probably amount to twelve ounces.

The lowest portion of the cervix, and os uteri, were not implicated in the rent: the placenta was situated on the left side of the uterus, to which it was completely adherent. The pelvis, on examination, was found of standard dimensions. The bladder was empty, but was perfectly entire.

Mr. Radford has also met with another case of extensive laceration of the muscular structure of the uterus, not involving the peritoneum—it proved fatal sixteen hours after the laceration. "In contemplating," says Mr. R. "the frequent fatality of cases of laceration of the womb, we are led to inquire whether there are no symptoms which show themselves, as universal precursors of this most dreadful catastrophe? and if there are, are we possessed of the means of prevention? The answer to this is, that at present we are not in possession of that knowledge which would warrant us in adopting measures requisite to accomplish this object. If we were to act upon our limited knowledge of the preliminary symptoms, the catalogue of mortality would increase more rapidly than if the result were left to the disposal of nature.

"In order to possess the means of averting this dreadful accident, it behoves every member of our profession to come forward and detail all the cases, whether successful or unsuccessful, which have or may occur to him; thus, ultimately, facts sufficiently numerous would be furnished, whence deductions might be made, and rules of practice formed.

"I was requested by Mr. Robertson to visit a patient, on whom he was in attendance, and who was suffering from protracted labour, arising from distortion. During our preparations for her delivery, she suddenly exclaimed, 'Oh! my belly, the cramp in my belly!' I immediately made an examination, and de-

teeted a laceration extending partially through the substance of the womb. This circumstance I pointed out to Mr. Robertson, and he fully corroborated the fact on making an examination. We effected an immediate delivery with the perforator and craniotomy forceps, and fortunately the woman recovered. We were induced to accomplish the delivery more expeditiously, in this case, than we might have considered necessary, if our attention had not been awakened by her sudden exclamations.

"It will be quite obvious to the reader, from the facts of the case of Hannab Speed, that there will be no great difficulty to attribute the result to its proper causes. The pendulous state of the abdomen, and consequently the altered axis of the womb; the hydrocephalic enlargement of the head; the early evacuation of the liquor amnii; the position of the woman, who in kneeling had the trunk bent forwards during the action of the womb; and shall I add, a softening of the uterine structure?

"The perforation of the fetal head, (which was discovered only by the *post mortem* examination to be hydrocephalic,) might, in all probability, have led to a more fortunate issue; but, during the life of the patient, this fact was not known. Speaking of the hydrocephalic head, it may be proper to state, that its existence is not so easily ascertained as some writers would lead their readers to believe; three cases of this description have come under my observation, and yet the indications which are stated to characterize this condition of the head were absent in all.

"I should have extracted the child, by an incision through the abdominal parietes, if I had been with the patient at the time of her death; but my absence, and other circumstances, induced me to defer the investigation until a more favourable period."

CHOLERA.

28. *Historical Examination of the Epidemic Cholera of Paris; Account of the different Modes of Treatment employed against different Forms and Periods of the Disease; and Estimate of the results of these Methods.*—The numerous materials collected from all parts of Paris, will, doubtless, furnish the means of tracing a general history of the epidemic cholera; and while we wait for the periods when we may undertake this task, we shall publish, in the meantime, a series of facts by which it may be facilitated. We begin with the

Hôtel-Dieu.—The sanitary state of this large hospital always furnishes the exact standard of what is going on in the rest of the city. Its central position and the neighbourhood of several populous districts, caused patients to flock thither before the prevalent disease was heard of at the other establishments.

Already, especially under the care of M. Petit, it had been observed that several persons were attacked with profuse diarrhœa and serous vomiting; and one or two cases of sporadic cholera had been observed, which had yielded to simple rational treatment, when, on the 26th of March, a woman with the same symptoms, though in a more advanced stage, entered the St. Paul Ward. The existence of cholera was admitted, without, however, regarding the case as of the epidemic species. The woman died four or five days after.

On the 27th of March, 4 new cases, 2 men and 2 women, with the symptoms ascribed to Indian cholera, were brought in the evening. Assistance was promptly given; but a man and a woman died next day, and inspection left no doubt on the nature of the disorder. The remedies were external revellents and opiates; but rejection did not take place, and death speedily ensued. These cases were carefully recorded by M. Montault, pupil of M. Petit.

On the 28th, 9 men, labouring under intense cholera, were admitted. One died the same day, after being a few hours in the ward; 7 more died next day, and 1 only recovered. A woman entered the Hôtel-Dieu the same day, about